

Manchester Health and Care Executive Committee

A partnership between Manchester

City Council and NHS Manchester Clinical Commissioning Group

Agenda Item:		Date:	30 th August 2017
Report Title:	Better Care Fund and Improved Better Care Fund Submission		
Prepared by:	Claudette Elliott, Director of Integrated Commissioning Michelle Irvine, Director of Performance and Quality Hollie McKeith and Chris Thomas, Finance Leads		
Presented by:	Dr Carolyn Kus, Executive Director for Strategic Commissioning and Director of Adult Social Care Services (DASS)		
Summary of Report:	To provide the Executive with an outline of the Manchester Better Care Fund Plans, the linkages to support performance with regards to Delayed Transfer of Care (DTCO) and associated key performance metrics.		
Recommendation:	Executive is asked to: Note Manchester BCF Plans and the requirements of the new LCO Note Manchester IBCF Plans Agree that the plans and supporting information are to be shared with the Health and Wellbeing Board for formal sign off of the IBCF plans prior to submission to the BCF Team 11 September 2017.		
Strategic Objective:	<ul style="list-style-type: none"> • To improve the health and wellbeing of people in Manchester • To ensure services are safe, equitable and of a high standard with less variation • To achieve a sustainable system 		
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA):			

Outline public engagement – clinical, stakeholder and public/patient:	
Board Assurance Framework Risk:	

1. Introduction

Manchester Health and Care Commissioning (MHCC) executive received a previous paper on the 2nd August 2017 detailing the guidance published by NHS England which describes the planning requirements for the new '**Integration and Better Care Fund for 2017-19**'. MHCC executive have been advised of the national conditions for the receipt of funding, including the required metrics and timetables. The guidance has also advised of the submission deadline for the 2017-19 plans being 11th September 2017.

Below is a summary of the key changes to the guidance from previous years:

- Planning is for a two year period, rather than a single year.
- Includes requirements for the improved better care fund (iBCF).
- Outlines four key national BCF conditions (similar to previous years):
 - a. A jointly agreed plan;
 - b. NHS contribution to social care is maintained in line with inflation;
 - c. Agreement to invest in NHS-commissioned out of hospital services, and
 - d. Implementation of the High Impact Change Model for managing transfers of care.
- Introduces grant conditions associated with iBCF (outlined further in section 5).
- Reduces the key metrics for monitoring to four:
 - e. Non Elective Admissions;
 - f. Long-term support needs of older people met by admission to residential and nursing care homes;
 - g. Proportion of older people who were still at home 91 days after discharge from hospital in to reablement/rehabilitation services, and
 - h. Delayed transfers of care from hospital.
- Links performance of DTOCs to funding, with potential cuts/restrictions to funding if targets are not met.
- Introduces the concept of graduation from the Better Care Fund (BCF).

The executive supported the approach and associated timelines for Manchester BCF submission.

This paper is a summary of the proposed jointly agreed plan for 2017-19 BCF and iBCF which will be submitted on the 11th September 2017. The Health and Wellbeing Board are asked to support this plan and associated submission.

2. Background

The Better Care Fund (BCF) to date has supported our system to test integrated approaches to the delivery of new models of care. We have seen some good and innovative practice across the city, leading to the successful implementation of new service models and new ways of working for front line health and care staff. Listed below are examples of the successes to date:

- **Neighbourhood Teams** (partial implementation across the city)
- **Integrated Intermediate Care and Reablement Service** (North Manchester being rolled out across the city)
- **Discharge to Assess** (North Manchester for roll out across a range of services across the city)

- **Trusted Assessor** (North Manchester for roll out across a range of services across the city)

These schemes demonstrate the benefits of integrated working across the partnership, in particular where there are multiple partners trained in the pathway.

The BCF plan continues to align to the Manchester locality plan which has been supported previously by the Health and Wellbeing Board. The locality plan describes the core schemes Local Care Organisation, Single Commissioning Function and Single Hospital Services which together will bring major transformational change in how we meet the needs of people of Manchester.

3. Local Care Organisation

Our system will see integrated community based – out of hospital services delivered by a Local Care Organisation (LCO). The BCF funded schemes and approaches will be fundamental to how we scope the LCO. With an expectation that the LCO will continue to build on the successes of the BCF schemes to achieve the following benefits:

- Improved health outcomes;
- Improving people's experience of care;
- Local people being independent and able to self-care;
- Better integrated care, and
- Better use of our resources.

To achieve the above the LCO will be expected to have a clear focus on the health and wellbeing for the Manchester population in particular with regard to:

- People, place and communities;
- Strength based approaches that empower people to self-care and access community assets that enable them to retain their place in the community;
- Prevention and helping people to stay well;
- Caring for those who are at risk of requiring complex care which is often more costly;
- Delivering care at a neighbourhood level, at home or a community setting;
- Delivering integrated community services in local places with a clear focus on intervention and prevention;
- Aligning hospital and community based services, so they are integrated and accessible;
- Creating local innovation hubs, that connect people, communities and local care teams;
- Working effectively with partners in tackling the wider determinants of health – i.e. housing, education, leisure etc, and
- Will also be required to be provider of last resort so the Local Authority meets legal requirements within the Care Act.

For each of the listed approaches described for the BCF funded schemes above there is clear alignment to what the LCO will need to focus on as an effective provider. The current BCF schemes are helping to establish the foundations for new integrated community services. We are experiencing a real change in how health and social care staff are working with individuals to deliver better outcomes.

The Greater Manchester Transformation Fund is directly supporting the implementation of the LCO and the development of new care models, incorporated within the BCF schemes. This additional investment has been based on a joint bid across the locality proposition to create new community care models. Through bringing this together we have been able to put in place more robust governance. All of these actions and the impact will be measured through key BCF metrics.

A core measurement tool is the High Impact Change Model, which is a national requirement:

Implementation of the High Impact Change Model for managing transfers of care

The High Impact Change Model has eight key areas:

1. Early Discharge Planning,
2. Systems to Monitor Patient Flow,
3. Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector,
4. Home First/Discharge to Access,
5. Seven-Day Service,
6. Trusted Assessors,
7. Focus on Choice, and
8. Enhancing Health in Care Homes.

Across the system in Manchester a self-assessment is being undertaken against the concept of the High Impact Change Model to ensure that all aspects of the model are embedded in to the locality plan.

The dialogue sessions (phase 2 of the LCO procurement process) are underway between commissioners and the preferred bidder selected to deliver integrated community based services. The dialogue sessions include a specific work stream focused on future service delivery models. These discussions are integral to the dialogue, and include how BCF funded schemes will be further enhanced and developed to ensure we are able to realise the wider benefits for people and our system.

4. Single Commissioning Function

The locality plan for Manchester identified three pillars of change within the city, one of which was to establish a single commissioning function (SCF). This complements the shift to a single hospital service (SHS) and the creation of the local care organisation as previously described. On 1 April 2017 Manchester Health and Care Commissioning (MHCC) was formed, which is a partnership between the newly merged CCGs of Manchester and Manchester City Council. As previously reported to the Health and Wellbeing Board, the organisations have come together to provide a more joined up and effective approach to commissioning health and social care services for the people of Manchester.

The scale of MHCC is ambitious with a potential total integrated commissioning budget of up to £1.1 billion for the delivery of health and social care, representing an exciting expansion of health and social care integration. This will be managed through the implementation of a new partnership agreement (S75) which is in

development (subject to VAT advice) of which the BCF will be a subset of – and subject to the same integrated governance. This includes a joint board with representation from both health and social care. MHCC will have five strategic aims which are fundamental to the refreshed locality plan for the city:

- Improve the health and wellbeing of people in Manchester.
- Strengthen the social determinants of health and promote healthy lifestyles.
- Ensure services are safe, equitable and of a high standard with less variation.
- Enable people and communities to be active partners in their health and wellbeing.
- Achieve a sustainable health and care system.

During this transitional period, the existing S75 agreement will govern the BCF arrangements and will be updated where necessary.

5. Improved Better Care Fund

The improved better care fund (iBCF) is subject to the following conditions:

Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. A recipient local authority must:

- a) pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption;*
- b) work with the relevant Clinical Commissioning Group and providers to meet national condition four (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and*
- c) provide quarterly reports as required by the Secretary of State.*

The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Better Care Fund plan.

The iBCF will have a focus on the following key areas for the Manchester system:

- The development of **new models of home care, residential and nursing care homes**, acknowledging the pressures upon the care market, and the development of reformed models of care that deliver a step change in outcomes and experience for citizens, which offers attractive employment opportunities and scope for career development; and supports the delivery of wider system benefits
- Review and reform (where applicable) **ASC direct provision** in readiness for a safe transfer of services to the emerging LCO, recognising the phased approach of services therefore conducting a review of those services that will be retained but transfer to the LCO in later phases.

- Develop an appropriate and effective **finance, performance and contract management system infrastructure** required to support the delivery of new models of social care delivery
- **Short term improvements/here and now pressures**, focussing upon high cost provision, and addressing the system pressures and demand challenges resulting in delayed transfers of care (DTC);

6. Performance and Quality

The BCF policy framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2016-17, with only minor amendments to reflect changes to the definition of individual metrics. In summary these are:

- Non-elective admissions (General and Acute),
- Admissions to residential and care homes,
- Effectiveness of reablement, and
- Delayed transfers of care.

Targets for 2017/18 and 2018/19 have been set for all the above indicators as follows;

Non Elective Admissions

Description: total number of specific acute (replaces General & Acute) non-elective spells

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17 / 18	Total 18 / 19
14,979	14,965	15,439	15,110	14,962	14,946	15,420	15,091	60,493	60,418

Rationale for target:

There are significant transformation programmes planned over the next 3 years to support the reduction in hospital non elective admissions. The trajectories set are based on 16/17 baselines, uplifted for growth and reduced by an estimate linked to the planned GM health transformation investments. There is further work to be undertaken to firm up the expected deflections from a whole system perspective as the GM transformation programmes are only one element MHCC's wider reform program. There are investments linked to ASC, system resilience and North Manchester that will also have an impact on the urgent care system and these need to be quantified to provide a holistic position for the next 1 to 3 years. This work will continue as business cases and delivery are mobilised.

Residential Admissions

Description - Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes.

	17/18 Plan	18/19 Plan
Annual Rate	354.9	259.1
Numerator	180	133
Denominator	50,720	51,328

Rationale for target:

Investment in Extra Care within the city in conjunction with an increase in the number of transition flats combined with investment in prevention schemes aim to deflect placements from traditional residential care homes and enables individuals to remain in their community longer and maintain a level of choice and independence that would otherwise not be possible in a residential and nursing setting.

Effectiveness of Reablement

Description - The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.

	17/18 Plan	18/19 Plan
Annual %	73%	73%
Numerator	598	721
Denominator	819	987

Rationale for target:

Reablement services have transformed the way that people with social care needs have those needs met; its approach is to work with citizens to improve functionality rather than traditional models of home care which do tasks for the person and is now the Council's default offer. Manchester's investment proposal would allow;

- an increase in reablement capacity across the city to meet rising demand and support the implementation of a citywide integrated model for intermediate care.
- the testing of a new model of complex reablement to work with citizens with complex needs whose needs are not currently being met by homecare providers.
- the testing of a new model of discharge to assess in the three localities by increasing capacity in reablement and the intermediate care home pathway to ensure assessments for ongoing care are made outside the hospital setting but without compromising existing capacity to manage step up demand from the community.

Delayed transfers of care

Description: total number of DToCs (delayed days) per 100,000 population (attributable to either NHS, social care or both)

	17 / 18 Plans				18 / 19 Plans			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Quarterly Rate	1306.9	1070.5	1004.3	974.1	984.9	995.7	995.7	967.7
Numerator	5,507	4,511	4,232	4,140	4,186	4,232	4,232	4,140
Denominator	421,374	421,374	421,374	425,013	425,013	425,013	425,013	427,837

Rationale for target:

The NHS England Mandate for 2017-18 sets a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. The above targets reflect this ambition, with performance to be maintained at or below this level throughout 2018 / 19.

Information on all four metrics will continue to be collected nationally. Areas will be able to review metrics for 2018-19 as part of any plan refresh at the end of 2017-18.

7. Finance

The BCF pool expanded between 15/16 and 16/17 to include further community services – covering the ‘one team’. In 2017/18 the BCF pool will be based on similar services included in 2016/17 with the addition of the improved better care fund (iBCF). The BCF and the iBCF will be subsets of the overall integrated commissioning budget within MHCC.

A difference from 2016/17 is the merger of the three CCGs in to one, which will remove the requirement to report across the three localities.

Minimum contribution

A national condition of the BCF is that there is an:

Agreement to invest in NHS-commissioned out of hospital services

This is a requirement that CCGs contribute a minimum amount to the BCF pool to invest in out of hospital services. As there has been limited changes to the population covered by the 3 former CCG’s, the revised minimum CCG contribution to the BCF will be the amalgamated value equating to:

- £39.277 million for 2017/18, and
- £40.024 million for 2018/19.

The minimum inflationary increases are specified within the national BCF planning requirement guidance. The table below shows the minimum contribution for Manchester to the overall pool (based on the 2016/17 contributions for the individual CCGs):

CCG	Minimum Contribution 2016/17	Add uplift 2017/18 @ 1.79%	Minimum Contribution 2017/18	Add uplift 2018/19 @ 1.90%	Minimum Contribution 2018/19
	£'000	£'000	£'000	£'000	£'000
North	13,714	245	13,959	265	14,224
Central	13,056	234	13,290	253	13,543
South	11,816	212	12,028	228	12,256
TOTAL	38,586	691	39,277	746	40,024

In line with previous years the proposed CCG contribution to BCF plans for 2017-19 are larger than the minimum contribution. The services classified as 'BCF' in the table below are funded from the minimum contribution (specified above) and represent those services which partners agreed to utilise for when BCF was first introduced. In 2016/17 the scope of the pooled budget was expanded to include additional services associated with the neighbourhood teams. These are services funded from CCG baseline and from a Manchester perspective align with the initially identified BCF services. The national planning template for BCF requires the separate identification of services funded from the minimum contribution and those from the CCG baseline.

The minimum contribution is set nationally and the below table shows that the minimum contribution is exceeded in both years from the CCG:

Funding Source	Budgets 2017/18	Budgets 2018/19
	£'000	£'000
Baseline	30,523	30,828
BCF	39,620	40,144
Total	70,143	70,972
BCF Minimum Contribution	39,277	40,024
Variance against minimum contribution	343	120

In summary, the minimum contribution from the CCG for 2017/18 is £39.277m, against which there are services of £39.620m being funded, with an additional £30.523m contributed to the pool from CCG baseline budgets. In addition to the CCG contributions, adult social care contributions from the local authority include:

- £6.5m per annum for adult community services;
- £2.4m per annum for reablement services;
- £6.3m (17/18) and £6.9m (18/19) disabled facilities grant;
- £12.9m (17/18) and £7.6m (18/19) adult social care grant, and
- £3.3m (17/18) and £14.8m (18/19) iBCF grant.

When combining the CCG and the Local Authority contribution results in the total pooled fund for Manchester of £101.5 million in 2017/18 and £109.2 million in 2018/19.

The below table shows the proposed expenditure plans for 2017 – 19 for the BCF are as follows:

Service Description	CCG 2017/18	Council 2017/18	TOTAL 2017/18	CCG 2018/19	Council 2018/19	TOTAL 2018/19
	£'000	£'000	£'000	£'000	£'000	£'000
Adult Community Services	41,309	6,457	47,766	41,722	6,457	48,179
Care Act	1,560	-	1,560	1,590	-	1,590
Protection of Social Care	12,652	-	12,652	12,893	-	12,893
Integrated Community Teams	702	-	702	709	-	709
Non Elective Reserves	-	-	-	-	-	-
Reablement	13,920	2,419	16,339	14,059	2,419	16,478
Sub Total	70,143	8,876	79,019	70,973	8,876	79,849
Care Act	-1,560	1,560	-	-1,590	1,590	-
Protection of Social Care	-12,652	12,652	-	-12,893	12,893	-
Adult Social Care Grant	-	12,917	12,917	-	7,644	7,644
Improved Better Care Fund	-	3,265	3,265	-	14,762	14,762
Disabled Facilities Grant	-	6,337	6,337	-	6,928	6,928
TOTAL	55,931	45,607	101,538	56,490	52,693	109,183

The second financial national condition is as follows:

The NHS contribution to social care is maintained in line with inflation

The table clearly shows the Protection of Social Care (which is the NHS contribution to social care) is increased from 2017/18 to 2018/19 by the inflationary increases identified in the minimum contribution table, as well as the overall contribution to the pool.

Appendix [1] includes a detailed breakdown of the schemes that are part of the proposed pool as summarised above.

iBCF

The below table shows the iBCF funding available to the locality over the planning period (2017-18) and the proposed investments to be made:

Funding Source	Budgets 2017/18	Budgets 2018/19
	£'000	£'000
Adult Social Care Grant	12,917	7,644
Improved Better Care Fund*	3,265	14,762
Total	16,182	22,406

***Confirmed as part of ASC baseline before announcement of ASC grant**

8. Recommendations

The Health and Wellbeing Board are asked to:

1. Support the 2017-19 Better Care Fund Plan and Improved Better Care Fund Plan,
2. To confirm the national requirement that this proposed plan has been jointly agreed and
3. To delegate responsibility of the plan submission on the 11th September to Carolyn Kus through the reform Board.

Appendix [1] – Detailed breakdown of pooled budget expenditure

1. CCG BUDGETS				
Line Description	Contract	Funding Source	TOTAL 2017/2018 BUDGET inc CQUIN	TOTAL 2018/2019 BUDGET inc 1%
Adult General Managers	CMFT Community Contract	Baseline budget	199,196	201,188
Cardiac Rehab	CMFT Community Contract	Baseline budget	36,024	36,384
Continence	CMFT Community Contract	Baseline budget	433,005	437,335
District Nursing	CMFT Community Contract	Baseline budget	4,453,911	4,498,450
Domestic Abuse Training Project	CMFT Community Contract	Baseline budget	75,016	75,766
Drugs	CMFT Community Contract	Baseline budget	40,262	40,664
MacMillan Nursing	CMFT Community Contract	Baseline budget	341,035	344,446
Orthopaedic Outreach	CMFT Community Contract	Baseline budget	65,090	65,741
Other TCS not included in AHP	CMFT Community Contract	Baseline budget	921,060	930,270
Oxygen Service	CMFT Community Contract	Baseline budget	80,416	81,220
Physio	CMFT Community Contract	Baseline budget	2,881,506	2,910,321
Podiatry	CMFT Community Contract	Baseline budget	1,105,278	1,116,331
Pre TCS	CMFT Community Contract	Baseline budget	1,538,957	1,554,347
Removal Of Associate Income Flows	CMFT Community Contract	Baseline budget	- 302,454	- 305,479
Tier 2 ENT	CMFT Community Contract	Baseline budget	0	0
Tissue Viability Citywide Service	CMFT Community Contract	Baseline budget	116,525	117,690
Acute Respiratory Assessment Service (ARAS)	PAHT Community Contract	Baseline budget	225,786	228,044
ARAS	PAHT Community Contract	Baseline budget	49,232	49,724
Audiology non AQP block	PAHT Community Contract	Baseline budget	286,363	289,226
Cardiac Rehab Plan (activity based payments)	PAHT Community Contract	Baseline budget	92,345	93,268
COBWEB (Catheter and Stoma Prescribing)	PAHT Community Contract	Baseline budget	107,579	108,655
Community Diabetes Service	PAHT Community Contract	Baseline budget	67,734	68,411
Community Physiotherapy	PAHT Community Contract	Baseline budget	429,173	433,465
Continence (North Locality)	PAHT Community Contract	Baseline budget	498,265	503,248
DA - Cardiorespiratory Services	PAHT Community Contract	Baseline budget	15,403	15,557
DA - Physiotherapy	PAHT Community Contract	Baseline budget	304,212	307,254
District Nursing including Evenings and Nights Service/Rapid Response	PAHT Community Contract	Baseline budget	4,412,383	4,456,506
Leg Circulation Service	PAHT Community Contract	Baseline budget	115,660	116,816
MacMillan CRES	PAHT Community Contract	Baseline budget	15,222	15,375
Macmillan Services (North Locality)	PAHT Community Contract	Baseline budget	590,114	596,015
Podiatry (non AQP)	PAHT Community Contract	Baseline budget	421,940	426,160
Removal of cross boundary flows from North Manchester CCG baseline	PAHT Community Contract	Baseline budget	- 124,599	- 125,845
Speech & Language (Provider to Provider)	PAHT Community Contract	Baseline budget	163,962	165,601
Tier 2 / Pulmonary Rehab	PAHT Community Contract	Baseline budget	88,029	88,909
Tier 2 Orthotics	PAHT Community Contract	Baseline budget	19,927	20,127
Tier 2 Physiotherapy	PAHT Community Contract	Baseline budget	99,216	100,208
Tissue Viability Citywide Service (North Locality)	PAHT Community Contract	Baseline budget	165,109	166,760
Treatment Rooms Service - North District	PAHT Community Contract	Baseline budget	95,933	96,893
Anti-Coag Self-Test	UHSM Acute Contract	Baseline budget	1,595	1,611
Community SALT	UHSM Acute Contract	Baseline budget	56,701	57,268
Continuous Blood Glucose Monitoring	UHSM Acute Contract	Baseline budget	7,003	7,073
Critical Care Outreach	UHSM Acute Contract	Baseline budget	89,008	89,898
Day Care	UHSM Acute Contract	Baseline budget	98,780	99,768
De-waxing	UHSM Acute Contract	Baseline budget	3,606	3,642
Disablement Services	UHSM Acute Contract	Baseline budget	1,440,341	1,454,745
Orthotics	UHSM Acute Contract	Baseline budget	237,495	239,870
TCS - Community Diabetes	UHSM Community Contract	Baseline budget	160,283	161,886
TCS - Community Physiotherapy	UHSM Community Contract	Baseline budget	486,030	490,890
TCS - Continence	UHSM Community Contract	Baseline budget	433,930	438,269
TCS - Coronary Heart Disease and Cardiac Rehab	UHSM Community Contract	Baseline budget	57,329	57,902
TCS - District Nurses	UHSM Community Contract	Baseline budget	4,903,736	4,952,773
TCS - Expert Patient Programme	UHSM Community Contract	Baseline budget	159,722	161,320
TCS - Macmillan	UHSM Community Contract	Baseline budget	231,952	234,272
TCS - Macmillan CRES	UHSM Community Contract	Baseline budget	8,864	8,952
TCS - Manual Handling Team	UHSM Community Contract	Baseline budget	178,360	180,144
TCS - Occupational Therapy	UHSM Community Contract	Baseline budget	192,792	194,720
TCS - Stoma Care	UHSM Community Contract	Baseline budget	96,865	97,834
TCS - Tier 2 Other Clinical Support	UHSM Community Contract	Baseline budget	267,244	269,916
TCS - Tier 2 Other Scheduled Care	UHSM Community Contract	Baseline budget	190,103	192,004
TCS - Tier 2 Other Unscheduled Care	UHSM Community Contract	Baseline budget	142,437	143,861
TCS - Tissue Viability	UHSM Community Contract	Baseline budget	161,272	162,884
TCS - Treatment Centre	UHSM Community Contract	Baseline budget	649,486	655,981
TCS - Withington Property Transfer	UHSM Community Contract	Baseline budget	144,148	145,590
SUB TOTAL BASELINE BUDGETS			30,522,895	30,828,124

Rapid Response Nurses in Discharge Team at MRI	CMFT Community Contract	BCF	87,901	88,780
Tissue Viability Citywide Service	CMFT Community Contract	BCF	148,305	149,788
Active Case Management Service North	PAHT Community Contract	BCF	683,135	689,966
Community Diabetes Service	PAHT Community Contract	BCF	45,155	45,607
Community Stroke Rehabilitation Team	PAHT Community Contract	BCF	392,669	396,596
Tissue Viability Citywide Service (North Locality)	PAHT Community Contract	BCF	210,139	212,241
COPD	CMFT Community Contract	BCF	248,246	250,728
COPD *	UHSM Acute Contract	BCF	128,396	129,680
Early supportive discharge	UHSM Acute Contract	BCF	180,461	182,266
Integrated Assessment Team	UHSM Acute Contract	BCF	198,106	200,087
MPATH (MANCHESTER PATHWAY FOR HOMELESS)	Ancoats GP Practice	BCF	375,490	379,245
BCF - DVT	Beacon Medical	BCF	94,701	95,648
IC COPD (only first tranche)	CMFT Acute Contract	BCF	187,575	189,451
IC End of life	CMFT Acute Contract	BCF	110,700	111,807
ICATT	CMFT Acute Contract	BCF	186,550	188,416
IV Therapies	CMFT Acute Contract	BCF	397,700	401,677
IV Therapies	CMFT Acute Contract	BCF	335,175	338,527
Marie Curie	CMFT Acute Contract	BCF	27,675	27,952
PICT Nursing	CMFT Acute Contract	BCF	123,000	124,230
Con Care Beds	CMFT Acute Contract	BCF	2,059,841	2,080,439
GP Provision in Intermediate Care	CMFT Community Contract	BCF	26,487	26,752
Active Case Management Service	CMFT Community Contract	BCF	1,156,212	1,167,774
Complex Discharge Team	CMFT Community Contract	BCF	251,392	253,906
Intermediate Care	CMFT Community Contract	BCF	3,874,396	3,913,140
Non-Stock Health Equipment Budget	CMFT Community Contract	BCF	25,516	25,771
PICT Operating Costs	Gateway	BCF	51,312	51,825
Alternatives to Transfer	Go to Doc	BCF	520,000	525,200
PICT IM&T Costs	Graphnet	BCF	31,341	31,654
EPACCS	Graphnet	BCF	59,000	59,590
Enhanced Home from Hospital	Manchester Care & Repair	BCF	134,000	135,340
HOME FROM HOSPITAL Business Case	Manchester Care and Repair	BCF	146,834	148,303
Continence - Central Business Case	???	BCF	60,000	60,600
MANCHESTER CITY COUNCIL - MEAP	Manchester City Council	BCF	696,764	703,732
Carers Centre	Manchester City Council	BCF	57,324	57,897
BCF - NMINC	NMcr GPs (LES)	BCF	297,773	300,751
IV THEAPY PASS THROUGH COSTS	PAHT Community Contract	BCF	41,307	41,720
LEG CIRCULATION BUSINESS CASE (PAHT)	PAHT Community Contract	BCF	19,136	19,328
Community Food and Nutrition pilot	PAHT Community Contract	BCF	69,777	70,475
Crisis Response Pilot	PAHT Community Contract	BCF	632,340	638,664
Discharge Team North	PAHT Community Contract	BCF	178,687	180,474
Intermediate Care *	PAHT Community Contract	BCF	1,815,021	1,833,171
Intermediate Care Enhanced Beds Pilot	PAHT Community Contract	BCF	1,056,278	1,066,841
IV therapy Pilot	PAHT Community Contract	BCF	240,575	242,981
Navigator Service	PAHT Community Contract	BCF	236,052	238,413
NMINC Pilot	PAHT Community Contract	BCF	824,058	832,299
Non Stock Health Equipment Budget	PAHT Community Contract	BCF	5,294	5,347
Palliative Care	PAHT Community Contract	BCF	494,071	499,012
Stroke Early Supported Discharge Pilot	PAHT Community Contract	BCF	223,957	226,196
Intermediate Care Drugs	PAHT Community Contract	BCF	31,410	31,724
Care Homes Primary Care	Primary Care Manchester	BCF	368,797	372,485
Intermediate Care Beds	UHSM Acute Contract	BCF	666,181	672,842
TCS - Active Case Management	UHSM Community Contract	BCF	832,333	840,656
TCS - Community Diabetes	UHSM Community Contract	BCF	106,856	107,925
TCS - COPD	UHSM Community Contract	BCF	183,924	185,763
TCS - Coronary Heart Disease and Cardiac Rehab	UHSM Community Contract	BCF	54,212	54,754
TCS - Nursing Home	UHSM Community Contract	BCF	408,757	412,845
TCS - Tissue Viability	UHSM Community Contract	BCF	205,255	207,307
TCS - Discharge Liaison	UHSM Community Contract	BCF	400,460	404,465
TCS - Health Equipment Non Stock	UHSM Community Contract	BCF	7,109	7,180
TCS - Intermediate Care	UHSM Community Contract	BCF	2,236,517	2,258,883
CRISIS Reponse amber pathway		BCF	374,000	377,740
IC Resilience (Hennessy House)		BCF	39,000	39,390
EMIS support to transform Community health		BCF	22,000	22,220
CARE ACT FUNDING	Manchester City Council	BCF - SOCIAL CARE	1,560,441	1,590,089
Social Care Funding a) community equipment and adaptations	Manchester City Council	BCF - SOCIAL CARE	300,000	300,000
Social Care Funding b) telecare	Manchester City Council	BCF - SOCIAL CARE	100,000	100,000
Social Care Funding c) integrated crisis and rapid response	Manchester City Council	BCF - SOCIAL CARE	800,000	800,000
Social Care Funding d) maintaining eligibility criteria	Manchester City Council	BCF - SOCIAL CARE	7,627,000	7,627,000
Social Care Funding e) re-ablement services	Manchester City Council	BCF - SOCIAL CARE	1,500,000	1,500,000
Social Care Funding f) bed-based intermediate care services	Manchester City Council	BCF - SOCIAL CARE	500,000	500,000
Social Care Funding g) early supported hospital discharge schemes	Manchester City Council	BCF - SOCIAL CARE	433,497	674,000
Social Care Funding h) social worker establishment	Manchester City Council	BCF - SOCIAL CARE	1,392,000	1,392,000
Carers Centre	Manchester City Council	BCF	24,621	24,867
SUB TOTAL FROM BCF ALLOCATION			39,620,195	40,144,314
BCF MINIMUM CONTRIBUTION IN YEAR			39,277,000	40,024,000
DIFFERENCE FUNDING FROM BCF ALLOCATION			343,195	120,314
TOTAL BCF CCG			70,143,091	70,972,439
Less Care Act Funding			1,560,441	1,590,089
Less Adult Social Care			12,652,497	12,893,000
REVISED SUB TOTAL FROM BCF ALLOCATION EXC SOCIAL CARE			55,930,153	56,489,350

2. LOCAL AUTHORITY BUDGETS				
Line Description	Contract	Funding Source	TOTAL 2017/2018 BUDGET inc CQUIN	TOTAL 2018/2019 BUDGET inc 1%
Adult Community Services		BCF - SOCIAL CARE	6,457,000	6,457,000
Reablement		BCF - SOCIAL CARE	2,419,000	2,419,000
Care Act		BCF - SOCIAL CARE	1,560,441	1,590,089
Protection of Social Care		BCF - SOCIAL CARE	12,652,497	12,893,000
Adult Social Care Grant		BCF - SOCIAL CARE	12,917,000	7,644,000
Improved Better Care Fund		BCF - SOCIAL CARE	3,265,000	14,762,000
Disabled Facilities Grant		BCF - SOCIAL CARE	6,337,000	6,928,000
TOTAL BCF LOCAL AUTHORITY			45,607,938	52,693,089
3. TOTAL POOLED BUDGETS				
Line Description	Contract	Funding Source	TOTAL 2017/2018 BUDGET inc CQUIN	TOTAL 2018/2019 BUDGET inc 1%
TOTAL BCF POOLED BUDGET			101,538,091	109,182,439